Cambridgeshire Community Services **NHS**

NHS Trust

TRUST BOARD   **TB(16) 06**

Title:	**Annual review of Equality and Diversity performance for 15/16 and proposed Equality Objectives for 16/17**
Action:	**FOR DECISION**
Meeting:	**8th June 2016**

Purpose:

This paper updates the board on the outcomes of our annual Equality and Diversity performance for 2015/16 and outlines our proposed Equality Objectives for 2016/17.

It also provides the Board with an update on the implementation of the Workforce Race Equality Standard, which came into effect on the 1st of April 2015, and the Accessible Information Standard, which comes into effect on the 31st July 2016.

Recommendation:

It is recommended that:
- The Board note the Trust's performance against the Equality and Diversity Outcomes for 2015/16
- The Board approve the proposed Equality Objectives for 2016-17
- The Board approve the focus of the Equality Improvement Plan for 2016-17

	Name	Title
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Executive sponsor:	Anita Pisani	Deputy Chief Executive

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
To be recognised as a provider of safe and effective services that people want to use	Feedback on Equality and Diversity performance indicates how safe and effective service users and staff believe our services to be. Equality Implementation Plan addresses elements of this.
To collaborate with organisations to improve the care given to people who use our services	The Trust works in collaboration with our NHS partners across the system and other providers in the effective delivery of our services
To ensure that the Trust attracts and retains a quality workforce	Feedback on Equality and Diversity performance indicates workforce views on the Trust as an employer and provider of care. Equality Implementation Plan addresses elements of this.
To be a financially sound organisation	
To achieve a contract model that links activity to payment	
To be recognised as a provider of safe and innovative services that helps Commissioners achieve their outcomes	Feedback on Equality and Diversity performance indicates how safe and innovative service users currently believe our services to be. Equality Implementation Plan addresses elements of this.

Trust risk register
Nil

Legal and Regulatory requirements:
The setting of Equality Objectives and annual review of performance relates to the Trust's compliance with the Equality Act (2010).

The report also provides an update on the Workforce Race Equality Standard and Accessible Information Standard for NHS Trusts.

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	The report provides feedback on performance against the Equality Outcomes as defined at the annual grading event, and proposes areas of focus for the Equality Implementation plan for 2016-17.
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	As above.
Achieve an improvement in the percentage of staff who report that they are able to access training and education opportunities	As above.
Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified	As above.
Are any of the following protected characteristics impacted by items covered in the paper	

Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
☒	☒	☒	☒	☒	☒	☒	☒	☒

1.0 INTRODUCTION AND BACKGROUND

As part of the government's Equality and Diversity agenda, the Equality Act 2010 places a statutory duty on public sector organisations, such as Cambridgeshire Community Services NHS Trust (CCSNHST) to fulfil its Public Sector Equality Duty.

The PSED has three aims. It requires public bodies to have due regard to the need to:
- **Eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **Foster good relations** between people who share a protected characteristic and people who do not share it.

To meet these duties, CCSNHST has adopted the process outlined in the Equality Delivery System (EDS) and subsequently the second iteration (EDS2), an equality framework developed by the NHS Equality & Diversity Council to ensure a robust approach to how NHS organisations meet their duties under the Equality Act.

This leads the Trust to undertake an annual staff and stakeholder review of our performance against an Equality and Diversity Outcome Framework, and use this to formulate a set of Equality Objectives and annual Equality Improvement Plan.

2.0 ANNUAL REVIEW OF EQUALITY AND DIVERSITY PERFORMANCE

As part of the 2015-16 assessment of the Trust's progress against the Equality and Diversity outcomes, the Trust has undertaken the following:

- A review of Healthwatch feedback for any comments/issues relating to equality and diversity or which could be aligned to the equality outcomes.
- A review of patient survey and complaints feedback for any comments relating to equality and diversity or which could be aligned to the equality outcomes.
- Staff-side and all staff were invited to an EDS Grading Panel event in May 2016.
- Feedback was invited through the comms cascade and Trust website.
- In addition, the Trust's staff-side committee were given oversight of all EDS documentation and evidence for evaluation and feedback.

The event outlined above was informed by an evidence pack documenting examples of good practice in equality and diversity across the Trust; this is attached at Appendix A for reference.

Feedback was broadly positive and stakeholders make a number of suggestions for work that could be undertaken during the next year.

Our performance against the equality outcomes since March 2015 is outlined below (see below).

Grading rating	Meaning	Definition
E	Excelling	People from all protected groups fare as well as people overall
A	Achieving	People from most protected groups fare as well as people overall
D	Developing	People from some protected groups fare as well as people overall, or –

		Plans in place to develop from an 'undeveloped' rating
U	Undeveloped	No evidence available, with no plans for improvement, or –
		People from all protected groups fare poorly compared with people overall

Outcome of the review of Equality and Diversity performance:

Objective	Narrative	Outcome	Grading Panel rating Results 2014/5	Grading Panel rating Results 2015/16
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	A	A
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	D	D
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	A	A
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	A	D
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied in unreasonable grounds	A	A
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	A	A
		2.3 People report positive experiences of the NHS	A	A
		2.4 People's complaints about services are handled respectfully and efficiently	A	A
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs becomes as diverse as it can be within all occupations and grades	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	E	E
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	E	E
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	A	A
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	D	A
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	A	A
		3.6 Staff report positive experiences of their membership of the workforce.	A	A
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	A	A
		4.2 Papers that come before the Board & other major Committees identify equality-related impacts including risks, & say how these risks are to be managed.	A	A
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	A	A

3.0 THE EQUALITY IMPROVEMENT PLAN FOR 2016-17

The Trust's Equality Improvement Plan has been refreshed to support achievement of these objectives. The objectives and Equality Improvement Plan align with work programmes already identified within the Quality Strategy and Workforce and Transformation strategy.

The key themes within the Equality Improvement plan under each objective are as follows:

1. Achieve an improvement in the percentage of service users who report that they

are able to access the Trust services that they require

- o Undertake equality access assessments on all premises
- o To continue to review and report any complaints or PALS queries that relate to an inability to access the Service.
- o Publicise multi-lingual documentation and Patient leaflets as well as availability of translation services

2. **Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups**

- o Pilot of new approaches to Patient Experience and Engagement, evaluating the impact and developing a plan to introduce the approach in further services
- o Review Actions Plans within each Service to ensure appropriate response provided to any equality and diversity concerns

3. **Support our staff to reduce the incidents of staff from minority groups experiencing abuse/aggression violence or discrimination from service users, carers , colleagues or managers.**

- o Review the staff survey data in relation to such events
- o Target support to teams reporting aggression from service users
- o Review and re issue guidance to staff on handling bullying and harassment
- o Introduce unconscious bias training
- o Promote cultural diversity information and training
- o Review and revise conflict resolution training and customer care training

4. **Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified**

- o Drill down and triangulate data from the 9 metrics, particularly in areas of under-representation
- o Introduce Unconscious Bias training for all staff
- o Introduce monitoring of Equality and Diversity data for all education and training bookings
- o Diversity Networks being established at both a Trust wide level and within localities who express an interest.
- o Continuation of bullying and harassment action plan, using data from the Race Equality Standard and feedback in the staff survey.

4.0   **IMPLEMENTATION OF THE WORKFORCE RACE EQUALITY STANDARD**

The Workforce Race Equality Standard requires NHS organisations to demonstrate progress against a number of indicators of workforce equality. The Workforce Race Equality Standard includes nine indicators across the following areas:

- Relative proportion of BME staff at various levels of seniority, including representation at board level
- Relative likelihood of BME staff being appointed from shortlisting
- Relative likelihood of BME staff to face a disciplinary process

- Relative scores in the staff survey, looking at such areas as bullying and harassment, experience of discrimination and experience of career progression

The Trust routinely reports against the indicators required by the Workforce Race Equality Standard. A summary of CCS' position against the metrics and actions to be undertaken are attached at Appendix B.

5.0   IMPLEMENTATION OF THE ACCESSIBLE INFORMATION STANDARD

The 'Accessible Information Standard' directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. By 31 July 2016 all organisations that provide NHS or publicly funded adult social care must have fully implemented and conform to the Accessible information Standard.
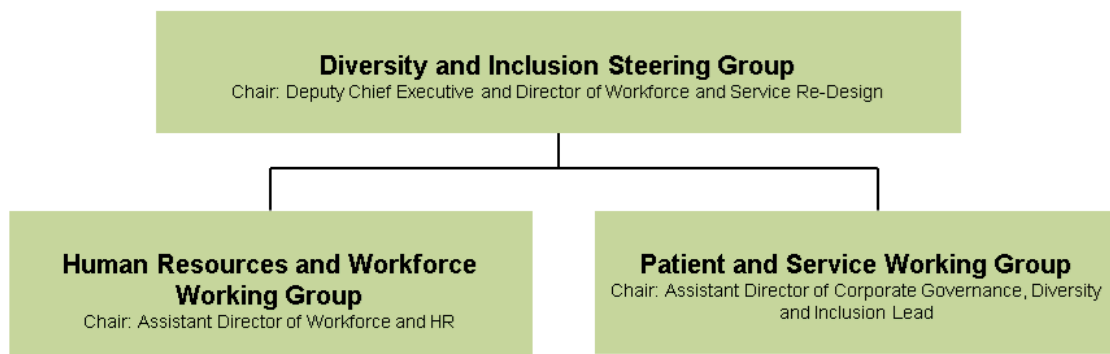
A summary of CCS' position against the metrics and actions to be undertaken are attached at Appendix C.

6.0   FUTURE GOVERNANCE STRUCTURE

The Diversity and Inclusion steering group has agreed a revised governance structure for 2016-17 onwards; this is intended to:-
- Introduce a structure which enables local focus on the delivery of the annual Diversity and Inclusion action plans for both services and the workforce as well as any other actions arising from local, regional and national initiatives (eg Workforce Race Equality Standard, Accessible Information Standard).
- Foster increased involvement from members of staff and advocates for patients, carers, families and the public

The governance structure is outlined below.

Diversity and Inclusion Steering Group
Chair: Deputy Chief Executive and Director of Workforce and Service Re-Design

Human Resources and Workforce Working Group
Chair: Assistant Director of Workforce and HR

Patient and Service Working Group
Chair: Assistant Director of Corporate Governance, Diversity and Inclusion Lead

7.0   RECOMMENDATIONS:

- **The Board note the Trust's performance against the Equality and Diversity Outcomes for 2015/16**
- **The Board approve the proposed Equality Objectives for 2016-17**
- **The Board approve the focus of the Equality Improvement Plan for 2016-17**

8.0   APPENDICES:

Appendix A: E&D Summary Evidence Pack 2015-16
Appendix B: Workforce Race Equality Standard plan
Appendix C: Accessible Information Standard Plan

Cambridgeshire Community Services **NHS**

NHS Trust

Workforce Race Equality Standards (WRES)

ACTION PLAN

Date of Last Update: 4 MAY 2016 [with updated standards from April 2016]

Indicator	WRES Indicators for each of the indicators compare caucasian and BME staff	CCS Gap	CCS Action
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clincial and for clinical staff.	The Trust scores well on this indicator for clinical staff especially in relation to our Medical and Dental staff	Ongoing active promotion of senior roles to BME staff and support for leadership development Regular monitoring of staff in post data against relevant Census data is undertaken and reviewed on a quarterly basis
2	Relative likelihood of staff being recruited from shortlisting across all posts	Non white staff are less likely to be offered a post at interview	Detailed analysis undertaken with our third party provider and data verified. Unconscious Bias training to be mandatory for all staff. All interviewers to have undetaken this before taking part in recruitment activity from July 2016 onwards.
3	Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation Note. This indicator will be based on data from a two year rolling average of the current year and the previous year	BME staff % in a formal disciplinary process is higher than caucasian staff	Ongoing review undertaken, to date no themes identified, however cultural awareness information to be reviewed and issued to staff by May 2016.
4	Relative likelihood of staff accessing non mandatory training and CPD	Data available via ESR. Training booked via our third party provider s reported by protected characteristics.	**25 04 16** Training and Education teams to introduce E and D monitoring for training bookings in 2016.
	National NHS Staff Survey Findings For each of the four staff survey indicators, compares the outcomes of the response for white and BME staff .		
5	KF 25. Percentage of staff experiencing harassment bullying or abuse from patients relatives or the public in last 12 months.	Increase seen in 2015 Staff Survey in relation to BME staff.	**April 2016 -** Actions identified within 2015 staff survey improvement plan in relation to this area. Diversity Networks being established at both a Trust wide level and within our Luton locality. Comms cascade used to share posters and re-empathise trust commitment to Zero Tolerance. Review of signage and contents of appointment letters to reduce service user frustration at not finding clinics etc.

6	**KF26**. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	Staff survey results reveal that reported levels of bullying although low still a concern	HR team to continue to support all formal complaints.
7	**KF271** Percentage believing that trust provides equal opportunities for career progression or promotion	Staff survey results show BME staff have equal access to career progression as all other protected groups.	A review of internal promotions to take place initially Trust to offer mentoring to all BME staff who wish to take this up to support them in their career aspirations
8	**Q217**. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	Highest incidence appears to be reported in the admin and clerical occupational group.	Trust will re-launch its E&D training when unconscious bias is included by June 2016 and will promote our zero tolerance position and signpost staff to support available.
	Board representation indicator For this indicator compare the difference for white and BME staff	The Trust Board is not represented of the population .	
9	Pecentage difference between the organisations Board voting membership and its overall workforce Note; Only voting members of the Board should be included when considering this indicator	The Trust Board is not represented of the population .	Vacant NED post to be advertised and community groups to be contacted to attract potential BME applicants. Localised advertising will also be put in place and contact made, where possible, with Community Leaders.

Appendix C: Accessible Information Standard plan

Accessible Information Standard

ACTION PLAN

Date of Last Update: 27th May 2016

Reference	Accessible Information Standard requirement	Current position	Further actions

1	Put in place a system that supports patients, service users, and carers to have access to information they can understand and implement communication support they may need. In some cases this may mean using:
	   i. Large print
	   ii. Braille
	   iii. Easy read
	   iv. Email and/or text
		• Easy read software in place
		• Large print, braille, email and other languages available upon request
			No further action required

2	Provision of access to British Sign Language (BSL) interpreters, deafblind interpreters, speech-to-text reporters, text relay, advocates, and other communication support providers.	• **Our current translation service provides all of these requirements.**	No further action required
3	Ensure that all interpreter, advocates and support providers have appropriate qualifications, have DBS clearance, and are signed up to a relevant professional code of conduct.	We are continuing to monitor the performance of our new translation service provider.	Review contracts to ensure these provisions are in place (contracts team).
4	Record individual needs so that all our services are aware of communication needs at first contact. Assess that our current recording systems (electronic and paper) are able to record individual client needs and that this information is available at a highly visible level. Research the correct coding that can be used universally. Look at different ways of flagging records to prompt staff to take appropriate action (electronic/paper recording systems must enable recording of communications needs which need to be highly visible).	Review required to ensure this is consistent and recorded on all patient information systems.	To be lead by Clinical Systems team and Clinical Systems leads across all services.

5	Implement a process for sharing information regarding individual client needs with other health and social providers (consent from the patient will be required prior to sharing this information). Details of the patient's communication needs must be communicated to other service providers for any treatment referrals.	Review required to ensure this is consistent and recorded on all patient information systems.	To be lead by Clinical Systems team and Clinical Systems leads across all services.
6	Assess that staff are able to provide this support for patients in their care, and provide any training and education needs identified for staff to be able to implement this Standard. See Accessible Information: Implementation Guidance page 15 for tips for clear face-to-face communication.		Patient Working Group to assess ability of staff to provide this support.

Assistant Director of HR and Workforce to lead on assessment of training and education needs.

Communications team to publicise '15 steps' via intranet. |
| 7 | Provide sensory loss awareness training for staff as part of the induction programme. | Diversity and Inclusion and Learning Disability training included as part of induction. | Assistant Director of HR and Workforce to ensure Sensory Loss Awareness Training included in Induction. |
| 8 | Monitor, audit and survey that the organisation is meeting the Standard's requirements, and share best-practice and techniques, including patient and staff experience and feedback.

Monitor and audit that the information recorded is accurate and current, and that the patient is informed about the information recorded. | | Review of Records Management Audit to ensure this includes review against Accessible Information Standard (Information Governance Team)

Supported by Clinical Systems team and Clinical Systems leads across all services. |
| 9 | Prepare and publish an Accessible Communications Policy or similar document. | | To be developed by Assistant Director of Corporate Governance |